

(Del. Rev. 11/14) Pro Se General Complaint Form

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

Robert Charles Lewis

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Lutheran Senior Services, Inc. **COMPLAINT**
(Pro Se)

Civ. Action No. 20 - 816
(To be assigned by Clerk's
Office)

Jury Demand?

☒ Yes

☐ No

*(In the space above enter the full name(s) of the defendant(s).
If you cannot fit the names of all of the defendants in the
space provided, please write "see attached" in the space
above and attach an additional sheet of paper with the full list
of names. The names listed in the above caption must be
identical to those contained in Section I. Do not include
addresses here.)*

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

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U.S. DISTRICT COURT
DISTRICT OF DELAWARE
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I. PARTIES IN THIS COMPLAINT**Plaintiff**

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:

Lewis, Robert C.

Name (Last, First, MI)

617 N. Shipley St.

Street Address

New Castle County, Wilmington, DE 19801-2228

County, City

State

Zip Code

302-540-6620

Telephone Number

foxleader777@gmail.com

E-mail Address (if available)

Defendant(s)

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:

Lutheran Senior Services, Inc.

Name (Last, First)

1201 N. Harrison St.

Street Address

New Castle County, Wilmington, DE 19806

County, City

State

Zip Code

Defendant 2:

Name (Last, First)

Street Address

County, City

State

Zip Code

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Defendant(s) Continued

Defendant 3:

Name (Last, First)

Street Address

County, City

State

Zip Code

Defendant 4:

Name (Last, First)

Street Address

County, City

State

Zip Code

II. BASIS FOR JURISDICTION*Check the option that best describes the basis for jurisdiction in your case:*

- ☐ **U.S. Government Defendant:** United States or a federal official or agency is a defendant.
- ☐ **Diversity of Citizenship:** A matter between individual or corporate citizens of different states and the amount in controversy exceeds \$75,000.
- ☒ **Federal Question:** Claim arises under the Constitution, laws or treaties of the United States.

If you chose "Federal Question", state which of your federal constitutional or federal statutory rights have been violated.

*After I was injured on the premises
I was not allowed peaceful enjoyment of
my apartment, nor was any compensation given
to me for those injuries.*

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III. VENUE

This court can hear cases arising out of the Counties of New Castle, Kent, and Sussex in the State of Delaware.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is appropriate in this Court because:

The defendant is a state of Delaware corporation.

IV. STATEMENT OF CLAIM

Place(s) of
occurrence:

Elevator #3, Luther Towers I.

Date(s) of occurrence:

June 24th, 2018.

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions.

FACTS:

What
happened to
you?

I was seriously injured when an elevator mal-functioned and went into a "free-fall", stopped with a violent and sudden impact, and thereby caused neck, back, and knee injury. Lutheran Senior Services failed to properly maintain the integrity of the roof of the building, thus allowing rain water to short-circuit the electronics of the elevator.

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Was anyone
else
involved?

No.

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Who did
what?

No staff called for
medical help for me.

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V. INJURIES

If you sustained injuries related to the events alleged above, describe them here.

I suffered a number of herniated discs, the worst one occurring in my neck that is significantly pressing on my spinal cord. My left knee and left ankle were significantly hurt.

VI. RELIEF

The relief I want the court to order is:

☒ Money damages in the amount of: \$ 250,000.00

☒ Other (explain):

Punitive damages.

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VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; and (3) complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

June 17th, 2020
Dated

Robert Charles Lewis
Plaintiff's Signature

Lewis, Robert C.
Printed Name (Last, First, MI)

617 N. Shipley St. Wilmington DE 19801
Address City State Zip Code

302-540-6610
Telephone Number

foxleader777@gmail.com
E-mail Address (if available)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.